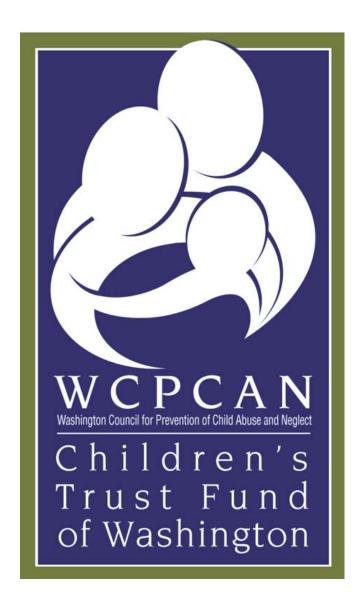
Washington Council for Prevention of Child Abuse & Neglect



Community-Based Funded Programs Outcomes Report

July 2003 - June 2004



WCPCAN Community-Based Funded Programs

Washington Council for Prevention of Child Abuse and Neglect

Children's Trust Fund of Washington

July 2003 - June 2004

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Introduction

In 1982, Washington became the first state in the nation to create a separate agency of state government solely dedicated to the prevention of child abuse and neglect. As noted in our originating legislation, "It is the intent of the legislature that an increase in prevention programs will help reduce the breakdown in families and thus reduce the need for state intervention and state expense". WCPCAN is funded through the state's general fund and, donations to and revenues received by the Children's Trust Fund. These funds in turn leverage approximately 50 percent of our total annual budget obtained from the federal Child Abuse Prevention and Treatment Act (CAPTA).

Since its inception, WCPCAN has strived to accomplish our mission in large part through the funding of community-based programs. Over the past 22 years, WCPCAN has invested in 172 distinct child abuse prevention programs throughout Washington. These programs serve populations that statistically demonstrate multiple risks associated with child abuse and neglect. However, as our role is prevention, we require that no more than 20 percent of the families served with our funding be involved with the state Child Protective Service (CPS). WCPCAN supported programs are selected based on standards of best practices supported by prevention research, the ability to deliver program outcomes, and the capacity to leverage resources within their community.

To ensure that WCPCAN funding is achieving the prevention of child maltreatment and that taxpayer dollars are being spent wisely, all community-based programs report program outcomes on an annual basis. This report summarizes the outcomes of the 17 community-based programs funded by WCPCAN during the 2003 – 2004 State Fiscal Year (SFY 03-04).

WCPCAN funds four types of child abuse and neglect prevention programs:

- 1) Home visitation programs
- 2) Parent education programs
- 3) Parent support activities
- 4) Crisis nurseries.

Vulnerable families with multiple needs often require an array of family support services in order to reduce the risks factors associated with child abuse and neglect. In response, most of our funded programs provide more than one kind of service.

The type of services provided by WCPCAN-funded programs is presented in Table 1.

Table 1 - Service Type Summary

| Program Types | Primary Program Services | Adjunct Program Services |
|------------------|-----------------------------|-----------------------------|
| Home Visiting | 4 | 3 |
| Parent Education | 7 | 1 |
| Parent Support | 5 | 4 |
| Crisis Nursery | 1 | 0 |
| Total | 17 | 8 |

The data reported throughout this report is derived directly from Year End Reports submitted by each program following completion of annual funding. Each program received technical support in the form of "evaluation coaching" by an independent team at Organizational Research Services (ORS), a nationally recognized leader in outcome-based planning and evaluation. This support includes on-site assistance in developing evaluation tools, establishment of database systems and assistance with data analysis. All programs attend a training workshop on reporting outcome results and developing their Year End Reports. We believe through the evidence of continuing quality improvements in program outcome reporting that this capacity building approach best assures that community-based programs develop both the technical abilities and understanding of the value associated with service evaluation.

Service Levels & Demographics

Table 2 reflects the number of individuals served by WCPCAN-funded programs during SFY 03-04.

Table 2 - Individuals Served

| Adults | 1,836 |
|----------|-------|
| Children | 1,950 |
| Total | 3,786 |

Detailed demographic information on participants by program is presented in Tables 3 & 4.

Staff and Volunteer Involvement

Services were provided by 33.65 full-time equivalent paid staff. There were 451 community volunteers involved in service provision. Volunteer hours totaled 13,572. Valued at \$10 per hour, community volunteers contributed \$135,720 worth of services.

Cost-Benefit

Seventeen community-based programs were funded at a total of \$545,621 during SFY 03-04. This equates to an average WCPCAN cost of \$144.12 per participant.

WCPCAN costs per participant across specific programs ranged from a low of \$36.34 for a program providing parent support groups and phone services to a high of \$602.43 for a volunteer based family mentoring program.

Programs funded by WCPCAN are required to leverage community resources to support their program. This year, WCPCAN funding was matched by local community investments totaling \$778,209 to support these prevention programs.

Table 2 - Families Served

| Agency | Adults | Children | Sub- total | Cauc | African- Amer. | Hispanic | Native Amer. | Asian Pac Isl | Other |
|----------------------------------|--------|----------|---------------|------|-------------------|----------|-----------------|---------------------|-------|
| Center for | 255 | 100 | EE4 | 004 | 20 | 444 | - | 420 | 22 |
| Human Services Children's Home | 355 | 196 | 551 | 234 | 30 | 114 | 5 | 130 | 33 |
| Society of WA – | | | | | | | | | |
| Auburn | 58 | 82 | 140 | 66 | 13 | 57 | 0 | 2 | 2 |
| Children's Home | | | | | | | | | |
| Society of WA – | | | | | | | | | |
| Southeast | 21 | 30 | 51 | 30 | 0 | 11 | 0 | 0 | 10 |
| Cocoon House | 186 | 389 | 575 | 489 | 9 | 9 | 6 | 16 | 46 |
| Family Support | | | | | | | | | |
| Center of South | | | | | | | | | |
| Sound | 61 | 52 | 113 | 100 | 3 | 4 | 1 | 3 | 2 |
| First Step Family Support Center | 20 | 24 | 44 | 40 | 0 | 1 | 3 | 0 | 0 |
| Friends of Youth | 388 | 390 | 778 | 291 | 26 | 337 | 3 | 31 | 90 |
| Grays Harbor | | | | | | | | | |
| Crisis Nursery | 139 | 175 | 314 | 267 | 267 | 2 | 45 | 0 | 0 |
| Jefferson Mental | | | | | | | | | |
| Health Services | 42 | 40 | 82 | 71 | 0 | 0 | 8 | 3 | 3 |
| Mary Bridge | 72 | 40 | 02 | | 0 | 0 | J | 0 | 0 |
| Children's Hosp | 59 | 62 | 121 | 55 | 29 | 19 | 0 | 10 | 8 |
| Refugee | | | | | | | | | |
| Women's | 00 | 00 | 440 | | 50 | 0 | 0 | 0.7 | 0 |
| Alliance South Seattle | 88 | 28 | 116 | 1 | 50 | 0 | 0 | 37 | 0 |
| Community | | | | | | | | | |
| College | 92 | 110 | 202 | 72 | 12 | 40 | 7 | 65 | 6 |
| Spokane County | | | | | | | | | |
| Cooperative | 0.4 | _, | | | 4.0 | | , | | 4.0 |
| Extension WA State | 64 | 51 | 115 | 78 | 12 | 4 | 1 | 8 | 12 |
| Fathers Network | 29 | 29 | 58 | 14 | 24 | 20 | 0 | 0 | 0 |
| Yakima Valley | | 20 | | | | 20 | - | J | |
| Farm Workers | | | | | | | | | |
| Clinic | 121 | 191 | 312 | 0 | 0 | 312 | 0 | 0 | 0 |
| Youthnet | 58 | 50 | 108 | 32 | 0 | 35 | 25 | 3 | 13 |
| YWCA Souttle/King | | | | | | | | | |
| Seattle/King County | 55 | 51 | 106 | 10 | 67 | 4 | 9 | 3 | 13 |
| Total | 1836 | 1950 | 3786 | 1850 | 276 | 1020 | 60 | 311 | 238 |
| Average | 108 | 115 | 223 | 116 | 23 | 64 | 7 | 26 | 20 |

Table 3 - Special Populations Served

| Agency | Special Populations with Disabilities-Adult | Special Populations with Disabilities-Children | Refugees and Immigrants |
|---|---|--|-------------------------------|
| Center for Human Services | 18 | 0 | 266 |
| Children's Home Society of WA – Auburn | 2 | 6 | 13 |
| Children's Home Society of WA – Southeast | 13 | 11 | 1 |
| Cocoon House | 36 | 56 | 3 |
| Family Support Center of South Sound | 1 | 3 | 0 |
| First Step Family Support Center | 17 | 9 | 0 |
| Friends of Youth | 15 | 0 | 101 |
| Grays Harbor Crisis Nursery | 29 | 68 | 0 |
| Jefferson Mental Health Services | 5 | 1 | 0 |
| Mary Bridge Children's Hosp | 2 | 38 | 5 |
| Refugee Women's Alliance | 0 | 0 | 88 |
| South Seattle Community College | 2 | 4 | 27 |
| Spokane County Cooperative Extension | 6 | 11 | 0 |
| WA State Fathers Network | 0 | 29 | 0 |
| Yakima Valley Farm Workers Clinic | 0 | 0 | 0 |
| Youthnet | 1 | 0 | 0 |
| YWCA Seattle/King County | 1 | 0 | 0 |
| Total | 147 | 236 | 504 |

Grant and Evaluation Program Goals

The strategies employed by WCPCAN to achieve our goal of strengthening child abuse and neglect prevention programs, policies and practices include:

- Providing access to capacity building resources
- Contracting with programs for delivery of identified outcomes
- Providing contracted programs with technical assistance to support outcome achievement

Through these strategies we help increase ability and accountability in provision of prevention services.

Protective Factors

WCPCAN recognizes eight protective factor goals / outcomes which, based upon the most currently available research and information on best practices in child abuse prevention, make the most difference in determining a child's chances for growing up in a protective environment. ¹ Each program funded by WCPCAN is required to report on at least one program outcome at the end of each fiscal year. Programs select their own unique indicators that are directly related to their program content and inform the achievement of the selected outcome. Five of our 17 programs measured and submitted data on two outcomes. The following protective factors were measured by our programs this year.

- 1. Responsive Social Network (measured by 11 programs in 03-04): Activities that teach parents and caretakers how to access needed educational, social, and health services for themselves and their child(ren). Caretakers learn about the availability of services in their community and how to access them. Caretakers learn how to reach out to other parents and develop informal relationships with others who are caring for children. Caretakers learn to develop the strength of help seeking. Issues of concern might include child care, housing, employment, recreation, education, etc.
- 2. Nurturing and Bonding (measured by four programs in 03-04): Activities that teach parents and caretakers to respond appropriately to the basic needs of their babies and young children. Activities that stimulate brain development and a positive attachment between caregiver and child. Examples include: breast feeding and proper nutrition, holding a baby, listening to and differentiating their cries and other forms of communication, play with, cuddling, and touching babies and young children, choosing appropriate toys, keeping a safe home environment, understanding sleep needs, attending to routine health needs and knowing when to seek help for serious health concerns, etc. These are activities which lay the foundation for a positive and loving relationship between the child and the caretaker.

¹ For a complete list of WCPCAN Protective Factors and supporting bibliography please visit our web site at www.wcpcan.wa.gov

- 3. Non-punitive Discipline and Guidance (measured by three programs in 03-04):
 Activities that teach alternative discipline methods to parents and caretakers.
 Caretakers learn the myths of physical punishment and about the damage it can cause. They learn how to avoid power struggles with their children, how to use techniques like time-out, diversion, planned ignoring, distraction, family meetings, restrictions and loss of privileges, effective praise, contracting, eye and body contact, positive attention, listening, using a strong statement, effective restraints, how to use humor, limit setting and rule development, reasoning, negotiation, and logical and natural consequences. Parents also learn what techniques work best for different age children, and that not all techniques work with all children. They learn what techniques they are comfortable using and how to confidently try new approaches. Parents learn to use these approaches within their own cultures, and family structures.
- 4. Knowledge of Child Development (measured by two programs in 03-04): Activities that teach parents and caretakers the usual steps in their child's development, and how to recognize if their child needs special help. Caretakers learn about their child's developmental milestones, what gross and fine motor skill development is, what their child should be able to do at certain broad age range levels, and how to guide their child's development. Caretakers learn about their child's social, mental and physical development. Specific topics might include, feeding, toilet training, toys and play, reading, increasing responsibilities, walking, and talking to name a few examples. This knowledge ensures that parents will develop realistic expectations of their children. Caretakers learn to put into perspective what their children can do at a certain age, e.g. caretakers learn that it is not reasonable for a six month old to be toilet trained, that you can't spoil babies by picking them up, that some babies are colicky and may cry incessantly, that two year olds need help getting dressed, etc.
- 5. Stress Management (measured by one program in 03-04): Activities that teach parents and caretakers to create a balanced life that includes activities and relationships of a social, physical, spiritual, intellectual, and psychological nature. Caretakers learn to balance their lives and address all of these areas. Caretakers learn to understand what they can control and what they can't and how they can let go of what they can't control. Caretakers and parents learn about their own self-talk and what issues push their emotional 'buttons'. Caretakers may learn relaxation exercises, how to find a good therapist, the importance of time away from children engaging in fun activities with other adults, and how to take time for oneself. Parents learn about the importance of healthy behavior including exercise and healthy food. Parents also learn that they cannot take adequate care of their children if they do not take care of themselves.

6. Effective Life Management & Self-sufficiency Skills (measured by one program in 03-04): Participants learn to develop skills in daily life management and to be economically self-sufficient. These skills include: budgeting and family income management, economical and healthy meal preparation, finding adequate housing, child care, applying for financial assistance when vocational training, job interview preparation, needed resume development, employment seeking skill development, and vocational and career assessment. Participants may learn skills and gain resources to balance work and family needs and to develop their basic education skills, work towards high school completion, GED achievement, or English as a second language skills. Program services are designed to assist participants in developing skills that will help them effectively manage their daily lives, and the resources they have.

<u>Program Outcomes Related to Responsive Social Support Network</u>

Service activities of programs measuring this outcome cover each of the four program types WCPCAN funds. Each of these programs work with populations that suffer significant levels of social isolation and/or are in need of developing formal community supports in order to meet their family's basic needs. Service providers utilized a variety of methods for measuring amount and quality of participant gains in social support networks. The majority of measurement tools were developed and adapted concomitantly to the target population and the unique service matrix of each WCPCAN funded program through consultation with Organizational Research Services (ORS).

Center for Human Services Family Support for our ELL* Community

* English Language Learners -- Serving families in the Shoreline area of King County

Data tool:

Pre and post questionnaires were developed with the help of ORS. Included in this assessment tool are eight questions that measure specific indicators relating to a Responsive Social Network. Questionnaires were administered by the facilitator upon entrance into Family Center programs and upon completion of those programs. A total of 59 entries were selected for analysis. (N=59). This number correlates to the participants that fill out a pre and post questionnaire.

Results:

Indicators:

Defined as an increase in the likelihood that the friends participants have met through our programs would provide specific supports.

Questionnaire Outcomes:

Using a five-point scale: 1 = none would do this, 2 = some might do this, 3 = some would probably do this, 4 = some would certainly do this, 5 = most would certainly do this

The following tables describe the average level of agreement in the pre and post questionnaires for selected indicators:

1. Visit them or invite them over to their home

| | Average Pre | Average Post |
|---------------|-------------|--------------|
| Indicator # 1 | 2.45 | 3.03* |

^{*}Statistically significant difference at p<.05 between pre and post using a paired samples t-test.

2. Listen to them talk about a difficult parenting issue

| | Average Pre | Average Post |
|---------------|-------------|--------------|
| Indicator # 2 | 2.50 | 3.16 |

3. Offer them and their family a place to stay for a while.

| | Average Pre | Average Post |
|--------------|-------------|--------------|
| Indicator #3 | 2.2 | 2.52* |

^{*}Statistically significant difference at p<.05 between pre and post using a paired samples t-test.

Data tool: Focus Groups

Focus groups were conducted upon completion of spring quarter classes. Focus group conversations were two hours in duration. During that time, the standard assessment questionnaire was administered and discussed.

The goal of the focus groups was threefold:

- 1. To discuss with participants in their native language the social support networks and ties they have made through our programs.
- 2. To get feedback from participants on the effectiveness of our current evaluation process (assessment tool).
- 3. To gain insight into participants' satisfaction with our programs.

Results:

N = 27 individuals

Through our focus group conversations, we found that one major reason participants keep returning to the Center was to make new friends as well as maintain the friendships already established. In addition, some participants stated that they enjoyed participating in our programs because they reinforce participants' varying cultures:

- "I come to form a group of support for Hispanic families."
- "I come to find friendships and Spanish programs for my children that keep our culture."
- "We have become really good friends."

Participants in these focus groups also expressed immense appreciation for the friendships they have formed at the Family Center. Many explained how they have grown to know other individuals in their classes and that those friendships are now taken outside of the classroom. This was very encouraging to us because we had not previously been able to document such growth in social support accessibility through our written assessment tool.

- "I certainly feel comfortable talking with my friends here about problems and even about our partners."
- "Almost everyone here (referring to friends in the Focus Group) would take care of my children in an emergency."
- "I needed emergency childcare one time and my friend here did it for me."

First Step Family Support Center Supported Parenting Program

Serving parents with developmental disabilities and their children in Clallam County.

<u>Data Tool:</u> Home Observation for Measurement of the Environment (HOME) and Keenan Model Support Map. Frequency of data collection: Data taken at 6-month intervals based on the results of in-home observations using the HOME.

Results:

Indicators:

- A. 8 out of 9 families will increase or maintain sources of support in each dimension of support (practical, emotional, financial, and advice). This support will consist of at least two formal or informal supports being available by phone or in person to provide practical support (childcare, transportation) or emotional support (an ear to listen) or financial support (money or materials such as clothing, food, shelter) or advice (a person to call with specific questions regarding parenting and life skills
- **B.** 8 out of 9 families will decrease the number of negative or unhealthy influences on their support map.
- **A.** Based on support maps completed by the family with the home visitor's assistance, 7 of 10 families reported having adequate support in all four domains measured.
 - 7 of 10 families reported adequate support in the financial domain
 - 9 of 10 families reported adequate support in the emotional domain
 - 9 of 10 families reported adequate support in the practical domain
 - 9 of 10 families reported adequate support in the practical domain
 - 10 of 10 families reported adequate support in the advice domain
- **B.** Based on support maps completed by the family with the home visitor's assistance, 5 of 9 families report a decrease in the number of unhelpful people involved in their lives
 - 2 of 9 families reported a decrease
 - 3 of 9 families maintained 0 negative people identified
 - The mean number of unhelpful people decreased from 2.3 on intake to 1.56 at latest measure
 - The mean number of helpful people increased from 10.8 on intake to 12.33 at latest measure.

Washington State Fathers Network Strengthening Families through Enhanced Father Involvement

Statewide network serving fathers and families in King, Chelan, Douglas, Benton and Franklin Counties.

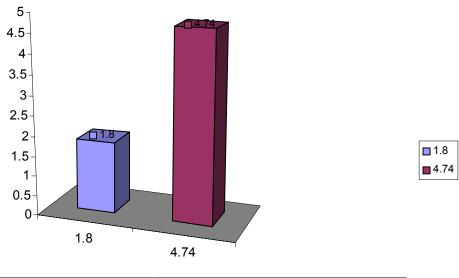
<u>Data tool</u>: Survey designed by ORS and completed and returned by 53 members of the **Washington State Fathers Network (WSFN)** throughout the state of Washington.

Results:

(Indicators in bold)

- Data shows a <u>56% INCREASE</u> of fathers knowing someone who understands what it is like to parent a child with a special health care need and how this challenge is met after being involved with WSFN.
- Data shows a <u>45% INCREASE</u> of fathers having increased access to resources or organizations that can help the father find resources, such as speech therapy, mental health services or educational resources.
- Data shows a <u>41% INCREASE</u> of fathers having increased ability and knowledge about how to access information regarding my child and my child's special health care need(s).

BEFORE (BLUE COLUMN) AND AFTER (RED COLUMN) PERCENT CHANGE OF FATHER KNOWING SOMEONE TO CALL AFTER BEING INVOLVED WITH WSFN



| | 1.8 | 4.74 |
|---------|-----|------|
| ■ Total | 1.8 | 4.74 |

Family Support Center Kinship Care Project

Serving relatives raising children in Thurston County.

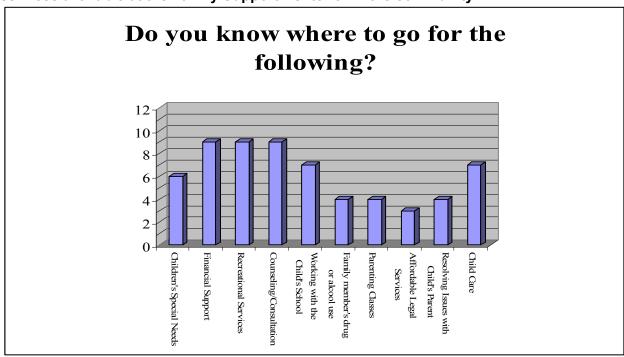
Data tool:

Survey developed by ORS and the Family Support Center; administered to 12 Kinship Support Group Participants, post-test.

Results:

Outcomes are measured using the following two indicators:

#1) 90% of the families who participate in the Kinship Care group will be linked with services available at the Family Support Center or in the community.



#2) 90% of all participants will connect with at least one other person in the group to be supportive during high stress times.

- Survey question: "Faced with a stressful care-giving issue, I have met at least one person through this group that I can feel safe to contact for support": 11 out of 12 agreed.
- Another survey question asked whether they knew people they could talk to before Kinship Care and after attending: <u>9 said they did not have anyone to talk to about it</u> <u>before attending the group and after attending 11 said they now have people to</u> <u>talk with about kinship.</u>
- Survey question: "I know others who face the same or similar challenges as they care for or raise a relative's child(ren):" Results indicated that before attending the group 8 did not know of others in a similar situation and 8 out of 11 felt that after attending the group they now know others who face same or similar challenges.

Children's Home Society of Washington The Fathering Project

Serving families in South King County.

Data Tool: The Fathering Project measured progress towards our goal of increasing fathers Responsive Social Support Network by use of a post-service questionnaire developed in conjunction with WCPCAN and ORS. A nine-question questionnaire was mailed to thirty (30) Fathering Project participants in June. Sixteen (N=16) surveys were completed and returned and thus represent the sample group for first year outcomes.

Results:

Indicators:

- Fathers feel comfortable accessing resources at Early Head Start (EHS) sites.
- Fathers interact with other EHS involved fathers.
- Fathers know where to find resources for their child.

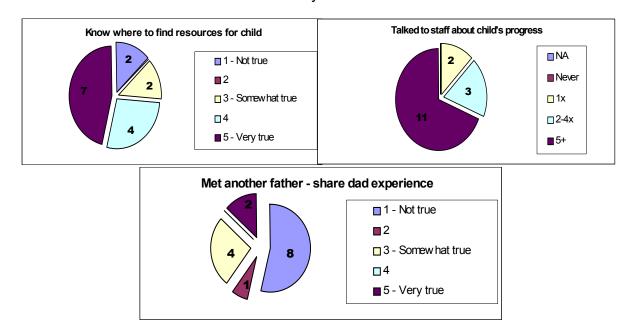
The survey questions identified below were grouped following two separate rating scales; a frequency scale and a Likert Scale based upon a one to five rating.

Never – One Time – 2-4 Times – 5 or More Times

- I have visited my child's HS/EHS classroom.
- I have talked to a staff member about my child's progress.

(1) Not True At all - (2) - (3) Somewhat True - (4) - (5) Very True

- I have met another father through CHSW who I can talk with about being a dad.
- I know where to find resources for my child.



Jefferson Mental Health Services Blossoming Child Project

Serving families in Jefferson County

Data tool:

A single post-survey developed by Jefferson Mental Health with support from ORS administered to a core group of 8 parents who have attended 8 or more of 54 possible classes.

Results:

Indicator 1: Parents are able to access community resources.

Indicator 2: Parents indicate they have people to talk with about personal and parenting issues

Community Resource Access (N=8)

| Question: Resources discussed in groups – check those you accessed | I know how to access resources | I know some, need more information | I don't know how to access resources |
|---|--------------------------------|---------------------------------------|--------------------------------------|
| Child Care | 6 | 1 | |
| Housing | 7 | | 1 |
| Transportation | 6 | 2 | |
| Legal | 6 | 1 | 1 |
| Personal/Family | 7 | | 1 |
| Counseling | | | |
| Work | 7 | | 1 |

People To Talk To (N=8)

1 = strongly disagree, 3 = agree, 5 = strongly agree

| i strongry alsagree, o agre | c, o strongly agree | |
|--|---------------------|---|
| Question | Average Answer | Number of Parents Answering 3 or higher |
| Before groups, I knew at least | 2.85 | 4 |
| one person to talk to: | | |
| After groups, I know at least one | 4.25 | 8 |
| person to talk to: | | |
| Before groups, I had helpful | 3 | 6 |
| people to talk to about parenting: | | |
| After groups, I had helpful people to talk to about parenting: | 4.25 | 8 |
| Before groups, I had helpful | 2.625 | 4 |
| people in my life to talk to about | | |
| personal issues: | 3.625 | 6 |
| After groups I had halpful poople | 0.020 | |
| After groups, I had helpful people | | |
| in my life to talk to about personal | | |
| issues: | | |

Gray's Harbor Children's Advocacy Center *Rainbow House Crisis Nursery*

Serving families in Gray's Harbor County

Data tool:

There are four indicators identified for our primary outcome goal. Data is recorded with two tools: the Intake Assessment conducted through parent/guardian interviews preservice/interventions and the Transitional Assessment conducted through record reviews and parental/guardian interviews post-services/interventions.

Results:

One hundred two (102) families were served during the third year of the project. Ninety-two (92) families voluntarily participated in the family support component representing (90 %) percent of the total families served

- Ninety six (96) out of the one hundred and two (102) families established regular, permanent child care services representing ninety-four (94) percent of the total families participating in the family support component, of the remaining six (6%) of the families childcare was not a issue.
- One hundred (100%) of the families participating in the family support component were able to identify a parenting mentor.
- One hundred (100) percent of the one hundred thirty eight (138) parents
 maintained their number of community connections as a result of their participation
 in the Crisis Nursery Project. Ninety-five (95%) of the parents increased their
 number of community connections by five, or one hundred thirty one (131) parents.
 Five (5%) for seven families increased their number of community connections by
 six or more.
- Seventy-eight (78%) percent of the 138 parents set and made measurable progress through the self-assessment process. Goals were set in seven of the ten life domains including shelter, physical/mental health, employment, education, transportation, alcohol/substance abuse, and family relationships.

Program Outcomes Related to Non-punitive Discipline and Guidance

Three of our funded programs selected non-punitive discipline and guidance as their primary outcome focus. Non-punitive discipline and guidance skills can be measured by changes in disciplinary behavior and by participants gaining and employing positive discipline skills. Our experience has been that increasing parents' capacities to employ non-punitive techniques with their children is often experienced as improvements in family communication and enhanced relationships with their children. As such, gains made through service activities often become reinforced through a realization of a "transformation" of the home environment. Measurement includes both standardized tools such as the Adolescent Parenting Inventory, and specialized tools developed specifically for each program.

Spokane County Cooperative Extension Spokane Nurturing Programs

Serving families in Spokane County.

<u>Data tool</u>: The AAPI-2 (Adult/Adolescent Parenting Inventory) which measures parenting attitudes in five domains known to contribute to child abuse and neglect was administered to 44 parents enrolled in the Nurturing Program. The survey is given during the first and last class of a parenting class series.

Results:

Construct "C" of the AAPI measures the degree to which parents agree with the use of corporal punishment. Research shows that a strong belief in corporal punishment can contribute to child abuse and neglect. 44 class participants took the AAPI both pre and post. The average score in Construct "C" moved from 5.3 to 6.5. This change indicates that more parents developed attitudes in which corporal punishment was believed to be an unhealthy way to discipline children.

Average AAPI for Construct C (N=44)

| Pre test | Post test | Statistically Significant |
|----------|-----------|---------------------------|
| 5.3 | 6.5 | ** |

^{**}The significance level of 3.91677E-09 in a paired sample T-test indicates that the changes in attitude are less likely due to chance and more likely due to participation in the NP classes.

Retrospective (before and after taking the NP) question about the use of spanking, hitting and verbal abuse. (N=56)

| Scale of 1-5, with 1= not very much and 5= very much | Average score: Before NP, hitting and spanking | Average score: After NP, hitting and spanking | Average score: Before NP, verbal abuse | Average score: After NP, verbal abuse |
|--|--|---|--|---|
| | 3.4 | 1.9 | 4 | 2.1 |

Refugee Women's Alliance Multicultural Immigrant and Family Project

Serving refugee and immigrant families in King County.

<u>Data tool</u>: Pre and post survey developed by Refugee Women's Alliance with support from ORS. Pre-test administered to all Parent Education Class Participants. Post-test administered to those successfully completing the course by attending 90% of classes.

Results:

Indicator: Increased Knowledge about U.S. Standards of Discipline (N=82)

Parent-Reported Knowledge of U.S. Standards of Discipline (1=no knowledge, 2=some knowledge, 3=a lot of knowledge)

| | , | PRE | | POST | |
|---|------------------------------|---------------------------------------|---------|---------------------------------------|---------|
| | N = Number of Respondents | % choosing "a lot of knowledge" | Average | % choosing "a lot of knowledge" | Average |
| Child Protective Services (CPS)* | 73 | 5.5% | 1.29 | 71.2% | 2.68 |
| Parents' Rights | 72 | 2.8% | 1.2 | 63.9% | 2.61 |
| Children's Rights | 71 | 2.8% | 1.25 | 76.1% | 2.8 |
| U.S. law regarding acceptable physical punishment | 77 | 7.8% | 1.35 | 85.7% | 2.83 |

Indicator: Increased reported use of non-punitive parenting techniques Number (and Percent) of Parents Reporting Recent Use of a Non-Punitive Guidance Technique

| | N = Number of Respondents | PRE | POST |
|--|------------------------------|----------|----------|
| Setting Limits | 82 | 17 (21%) | 55 (67%) |
| Grounding/Taking Away Privileges/Time Out | 82 | 25 (31%) | 38 (46%) |
| Sharing/Teaching Your Culture | 82 | 13 (16%) | 40 (49%) |
| Talking About Your Home Country | 82 | 27 (33%) | 49 (59%) |
| Getting To Know Your Children's Friends | 82 | 12 (15%) | 33 (40%) |
| Giving Praise | 82 | 11 (13%) | 39 (48%) |

Indicator: Parents Report Positive Experiences Using New Non-Punitive Guidance Techniques

63 of 82 parents reported using a new discipline or guidance technique. Techniques parents reported using included (time out, talking nicely to their children). Of those 63 parents using a new technique 55 (87%) reported feeling successful, most of the time and almost every time.

Yakima Valley Farm Workers Clinic Spanish Language Parenting Program

Serving Spanish language families in Yakima County

<u>Data tool</u>: Pre-test & post-test parenting questionnaire, developed by the Program Manager, Parenting Coordinator and ORS (Results specific to {n=106} participants graduating). This questionnaire was administered on the first class of each series and on the last night of class to all participants

Results:

There were 121 participants (n=121) 106 graduated (attended 24 or more of the 36 hours of the Spanish language parenting instruction) for a success rate of 87.6%. Seven of these participants had previous CPS involvement.

In the last month what types of discipline have you used in your home? How well does it work for you? (n=121)

| Discipline/Guidance Technique | Pre | Post |
|--|-------|-------|
| Time out Outcomes (e.g. 75.53% of the participants checked "works well" or "works sometimes" for Time Out) | 33.88 | 78.51 |
| Redirection | 50.41 | 85.12 |
| First you must then you can | 52.89 | 85.95 |
| Show and Tell | 62.80 | 90.90 |
| Praising | 46.28 | 92.56 |
| Family talk | 47.10 | 84.29 |

Among parents who reported trying the following positive discipline/guidance techniques, the percentages of those who reported that the techniques worked well are as follows: (n=121)

| Discipline/Guidance Techniques | Works Well | Works Sometimes |
|--------------------------------|------------|-----------------|
| Time Out | 51.23 | 31.40 |
| Redirection | 50.41 | 29.75 |
| First you must then you can | 64.46 | 16.52 |
| Show and Tell | 64.46 | 16.52 |
| Praising | 78.51 | 10.74 |
| Family talk | 72.72 | 10.74 |

How often in the last month have you sat down as a family to talk and make decisions?

| | Pre | Post |
|-----------------|------|------|
| 5 or more times | 0.06 | 0.16 |
| 3-4 times | 0.28 | 0.49 |
| 1-2 times | 0.45 | 0.19 |
| Never | 0.17 | 0.04 |

Program Outcomes Related to Nurturing and Bonding

Service activities of programs measuring this outcome were performed primarily with a home visiting model. The home visitation services were provided to at-risk families including parents with cognitive disabilities and families with medically fragile children. The programs utilized a variety of methods for measuring amount and quality of participant gains in nurturing and bonding behavior. Standardized measurement tools and measurement tools developed and adapted for the target population and the unique services of programs through consultation with ORS were utilized.

Friends of Youth Parents As Teachers-Healthy Start Project Serving families in King County.

Data tool:

The Nurturing and Attachment Observation Tool was developed with staff and ORS. It is designed to show parenting behaviors based on a scale. It is administered twice, PRE and POST, to show increases in parent's understanding of the attachment and nurturing needs of their children after receiving services based on Parents As Teachers (PAT) techniques and materials.

The home visitors completed PRE and POST observations for 156 families. Of those 156 families, 18 were new to the program and began their work with Healthy Start using the PAT approach and materials. 138 families began with Healthy Start's support techniques and were introduced to PAT during their time in the program.

Results: The three tables below show, A - combined data for all 156 participants, B - 18 new participants for whom PAT approach has been used exclusively, and C - 138 in the program who were introduced to PAT during their time in the program.

Outcome: Increase parent's understanding of the attachment and nurturing needs of their children. **Indicator A** – Parent is tuned into child: Physical and Emotional Cues

Indicator B – Parent engages in nurturing behavior: Talks Warmly, Eye Contact, Feeding Interaction, and Narrates to child.

| | | Average Pre | Average Post | Change | % Change |
|-------------------------|------------------|-------------|--------------|--------|----------|
| Α | Indicator | _ | | | |
| N-156 | Physical cues | 3.75 | 4.05 | 0.30 | 8.0% |
| Combined | Emotional cues | 3.49 | 3.86 | 0.37 | 10.6% |
| new <u>and</u> those | Talks warmly | 3.55 | 4.02 | 0.47 | 13.2% |
| enrolled | Eye contact | 3.35 | 3.67 | 0.32 | 9.6% |
| previous to | Feeding interact | 3.18 | 3.55 | 0.37 | 11.6% |
| addition of PAT | Narrates | 2.89 | 3.38 | 0.49 | 17.0% |

| | | Average Pre | Average Post | Change | % Change |
|-------------|------------------|-------------|--------------|--------|----------|
| В | Indicator | • | | | • |
| N-18 | Physical cues | 3.60 | 3.90 | 0.30 | 8.3% |
| New in | Emotional cues | 3.30 | 3.70 | 0.40 | 12.1% |
| Program – | Talks warmly | 3.17 | 3.89 | 0.72 | 22.7% |
| only | Eye contact | 3.00 | 3.33 | 0.33 | 11.0% |
| experienced | Feeding interact | 2.72 | 3.17 | 0.45 | 16.5% |
| PAT | Narrates | 2.44 | 3.00 | 0.56 | 23.0% |

| | | Average Pre | Average Post | Change | % Change |
|-------------|------------------|-------------|--------------|--------|----------|
| С | Indicator | - | | | |
| | Physical cues | 3.80 | 4.10 | 0.30 | 7.9% |
| N-138 | Emotional cues | 3.50 | 3.86 | 0.36 | 10.3% |
| In Program | Talks warmly | 3.60 | 4.02 | 0.42 | 11.7% |
| Previous to | Eye contact | 3.40 | 3.67 | 0.27 | 7.9% |
| PAT | Feeding interact | 3.20 | 3.55 | 0.35 | 10.9% |
| | Narrates | 2.89 | 3.38 | 0.49 | 17.0% |

% Change results

| Population | % Increase Indicator 1 | % Increase Indicator 2 | % Increase - Indicator Totals | |
|------------|---------------------------|------------------------|----------------------------------|--|
| Group A | 18.60 | 51.39 | 69.99 | |
| Group B | 20.45 | 73.20 | 93.65 | |
| Group C | 18.20 | 47.51 | 65.59 | |

- The PRE and POST results were checked for reliability using the Paired Samples T-Test method. This showed that all differences between PRE and POST measures was statistically significant and was not due to chance for both ongoing and new clients. For discussion purposes percents are used to compare the results.
- For **Sample B**, *n* = 18 <u>new participants</u>, all areas measured showed clear increases for <u>both Indicators</u> and have greater % increases than those who did not begin with the PAT program. Therefore, it appears that those who experienced PAT when they entered the Healthy Start program have made the greatest gains.
- The <u>second Indicator</u>, Parent engages in Nurturing Behaviors, shows the greatest percent increases in all samples. One can surmise that without suggestion that verbal activities are good for babies from the home visitors, it is likely that the parents would not have engaged in talking and narration as often.
- When comparing average changes Sample B shows the greatest increase. Even though samples of the two groups are significantly different, 18 verses 138, the percent increases for the 18 who started with PAT is clearly greater.

Mary Bridge Children's Hospital Parenting Partnership Program

Serving families of medically fragile children in Pierce County.

<u>Data Tools:</u> NCAST, Video Assessment and Home Visitor Observation Tool

Results:

Indicator 1: Parents are responsive to their child's behavioral cues.

| NCAST | Satisfactory Caregiver Score at 4 months (> 35) | Satisfactory Caregiver Score at 8 months (> 38) | Satisfactory Caregiver Score at 18 months (> 36) | Satisfactory Caregiver Score at 30 months (> 36) |
|-------|---|---|--|--|
| N (%) | 17 of 23 | 16 of 20 | 17 of 18 | 7 of 8 |
| . , | (74%) | (80%) | (94%) | (87%) |

Indicator 2: Parents demonstrate behaviors associated with secure attachment.

| N= 8 | Average Number of Positive Parent-Child Attachment Behaviors Out of 18 Measured | N (%) of Families With at Least 5 Behaviors |
|----------------|---|---|
| Child= 1Year | 11 | 7 (86%) |
| Child= 2 Years | 8 | 6 (75%) |
| Child= 3 Years | 12.5 | 8 (100%) |

Indicator 3: Parents learn how their own childhood influences parenting

Initially, only 23% of participants appeared to meet this goal, whereas 6 months later there was what appeared to be a significant increase to 62%.

| there was what appeared to be a significant moreage to 6276: | | | | |
|--|-------------------|-------------------|--|--|
| N= 13 | First Observation | 6 month follow-up | | |
| Average Score | 3.0 | 3.9 | | |
| 5= very competent | | | | |
| 1= needs work | | | | |
| N (%) of participants with satisfactory score | 3 of 13 | 8 of 13 | | |
| (>3.5) indicating understanding of impact of | | | | |
| personal childhood experiences | (23%) | (62%) | | |

Indicator 4: Parents learn how to perceive the care they receive from the infant's perspective

| N=13 | First Observation | 6 month follow-up |
|---|-------------------|-------------------|
| Average Score | 4.0 | 4.2 |
| 5= very competent | | |
| 1= needs work | | |
| N (%) of participants with satisfactory score | 10 of 13 (77%) | 12 of 13 (92%) |
| (>3.5) indicating ability to perceive care | , , | , , |
| from infant's perspective | | |

South Seattle Community College Tukwila Family Place Library

Serving families in South King County.

<u>Data tool</u>: Post questionnaire developed by Family Place Library staff in consultation with ORS. Administered on the 11th week of each quarterly program.

Results:

Parents attending for one quarter

| N=70 | Very True | Somewhat True | Not at all True |
|------------------------------|-----------|---------------|-----------------|
| Read more with children | | | |
| | 50 (71%) | 17 (24%) | 3 (4%) |
| Find kids books | 40 (57%) | 25 (35%) | 5 (7%) |
| Use workshop as special time | 56 (80%) | 14 (20%) | 0 |
| Learned new ways to play | 62 (89%) | 8 (11%) | 0 |

Parents participating for two quarters

| N=43 | Very True | Somewhat True | Not at all True |
|--------------------------|-----------|---------------|-----------------|
| Read more with children | | | |
| | 40 (93%) | 3 (7%) | 0 |
| Find books for children | | | |
| | 40 (93%) | 3 (7%) | 0 |
| Use workshop as special | | | |
| time to play with child | 41 (95%) | 3 (5%) | 0 |
| Learned new ways to play | | | |
| | 42 (98%) | 1 (2%) | 0 |

Parents participating for three quarters

| Taronto participating for times quarters | | | | | |
|--|-----------|---------------|-----------------|--|--|
| N=15 | Very True | Somewhat True | Not at all True | | |
| Read more with children | 15 (100%) | 0 | 0 | | |
| Find books for children | 15 (100%) | 0 | 0 | | |
| Use workshop as special | 15 (100%) | 0 | 0 | | |
| time | | | | | |
| Learned new ways play | 15 (100%) | 0 | 0 | | |

<u>Program Outcomes Related to Increasing Parent/Caregivers</u> Understanding of the Developmental Needs of Their Children

Two programs focused on the understanding of the developmental needs of children as their primary reporting outcome. This is a "knowledge/attitude-based outcome," thus structure and length of program activities and measurement necessitate very specific indicators to assure the reliability of participant growth. Programs that measured this outcome focused their activities in a parent education class setting.

YWCA of King and Snohomish Counties Young Parent Self-Sufficiency Project

Serving young, primarily African-American mothers in central King County.

<u>Data tool</u>: A pre-post test developed by Young Parent Self-Sufficiency Project (YPSS) staff and ORS was administered during session 1 (orientation session) and again at week 8 of each parenting class.

Results:

Indicator 1:

Parents were asked to name four developmental milestones for babies 0-6 months, 6 months-1 year and 1-2 years. This table shows the average number of correct answers for each age range. Possible number of correct answers was 3 per age range.

KNOWLEDGE OF CHILD DEVELOPMENT MILESTONES N=13

| | PRE | POST | % of CHANGE |
|-----------------|-----|------|-------------|
| 0-6 months | 1.7 | 2.6 | 55% |
| 6 months-1 year | 1.5 | 2.4 | 63% |
| 1-2 years | 1.6 | 1.8 | 13% |

The purpose of this activity was to determine if, after four sessions devoted to teaching developmental milestones of infants, parents were able to identify developmentally appropriate behaviors of infants in the indicated age brackets. It was expected that the number of correct answers would increase.

For ages 0-6 months and 6 months-1 year, the average number of correct answers were increased indicating that parents had retained the information that they had been taught.

Although the number of correct answers increased slightly for the 1-2 year age range, it remained low. It is our assumption that this was due to the current age of the parents' children at the time of learning.

Of the parents that were enrolled during the Ages & Stages sessions, 20 of the children were between the ages of 0-1 years as opposed to 4 who were between the ages of 13

months to 2 years. Because of this, the parents could have been more focused on learning about the age range that their children fell into at present time.

Parents were asked to answer questions in the following areas at the beginning the class and at week 8. Parents were also asked, having been through the class, to think back and consider their "before the class" answers. It was expected that scores would decrease so that parents are engaging in our desired behavior most often. This table shows the average rating for the following questions:

Scale: 1 = Most of the time, 2 = Some of the time, 3 = Hardly Ever

INCREASE AWARENESS OF OWN CHILD'S DEVELOPMENT N=13

| Question | PRE | Thinking back to before the class | POST |
|---|-----|--|------|
| I am able to understand what my child's cries mean. | 1 | 1.9 | 1.2 |
| When my child is crying, I pick him/her up. | 1.7 | 1.7 | 1.7 |
| I can name some developmental milestones my baby has achieved recently. | 1 | 2.2 | 1.5 |
| I feel confident in my ability to notice my baby's development. | 1.7 | 2.3 | 1.1 |

Spokane County Cooperative Extension Spokane Nurturing Programs

Serving families in Spokane County

<u>Data tool</u>: The AAPI-2 (Adult/Adolescent Parenting Inventory), which measures parenting attitudes in five domains known to contribute to child abuse and neglect, was administered to 44 parents enrolled in the Nurturing Program. The survey is given during the first and last class of a parenting class series. Construct "A" of the survey measures the attitudes of the parents regarding appropriate parental expectations.

Results:

On a scale of 1-10 with 1 being high agreement with inappropriate expectations and 10 being low agreement with inappropriate expectations the average score for the parents in the NP classes moved from 5.8 to 6.8. This move to a higher average indicates that more parents now have healthier attitudes regarding the expectations that they have for their children.

AAPI average scores for Construct A (N=44)

| Pre-test | Post-test | Statistically Significant |
|----------|-----------|---------------------------|
| 5.8 | 6.8 | ** |

^{**}In a paired-samples T-test, the score was 4.207E-10 which indicated a statistically significant change meaning that the change in attitudes regarding appropriate expectations is less likely due to chance and more likely due to the participation of the parents in the NP classes.

Program Outcomes Related to Stress Management

One of our funded programs focused on increasing stress management skills. Program activities included extensive phone consultation as well as parent support groups. Tools to measure decreasing levels of stress as well as management techniques were developed in collaboration with ORS and program staff.

Cocoon House Project SAFE

Serving Parents of teens in Snohomish County.

<u>Data tool</u>: All of the questions were developed by ORS and project SAFE. All questions were asked pre and post Parent Phone Line (A) and post Parent Phone Line (B).

Results:

1A) By the end of the Parent Phone Line (A) intervention, parents/caretakers will indicate an increased level of hope that the situation with their teen can get better. Respondents answered using a scale of 1 to 5, 1 being "I am not at all hopeful" to 5 being "I am very hopeful that with help the situation can get better".

| | N=186 | N=186 | N=96 |
|------------------------------|------------------|-------------------|-------------------|
| | Pre Phone line A | Post Phone Line A | Post Phone Line B |
| Average Level of Hopefulness | 3.72 | 4.37* | 4.06** |

^{*} P = .00 representing a statistically significant difference in hopefulness.

1B) By the end of the Parent Phone Line (A) intervention, parents/caretakers will indicate a decreased level of personal frustration about the situation with their teen.

Respondents answered using a scale from 1 to 5, 1 being "I am frustrated, but things are under control" to 5 being "I am very frustrated and things are out of control."

| | Pre Phone Line A | Post Phone Line A | Post Phone Line B |
|------------------|------------------|-------------------|-------------------|
| Average Level of | 3.75 | 2.53* | 2.13* |
| Frustration | | | |

P = .00. representing a statistically significant difference in parental frustration.

1C) By the end of the Parent Phone Line (A) intervention, parents/caretakers will indicate a decrease in their perception that the teen will leave the home.

Respondents answered using a scale from 1 to 5, with 1 being the teen will "definitely not" leave the home to 5 being "absolutely sure" the teen will leave the home

| | Pre Phone Line A | Post Phone Line A | Post Phone Line B |
|---------------------------------|------------------|-------------------|-------------------|
| Average | 3.12 | 2.58* | 2.34* |
| perception teen will leave home | | | |

P = .00. representing a statistically significant difference in parental frustration.

^{**} P = .03 representing a statistically significant difference in hopefulness.

Program Outcomes Related to Life Management Self-Sufficiency Skills

One of our funded programs focused on participant gains in life management and self-sufficiency skills. This outcome is a focus for those programs who are working with populations requiring very specific skills such as family income management, housing, childcare and negotiating the services they will require in order to assure safety and meet the basic needs of their children. Program activities are skill-building as well as active case management.

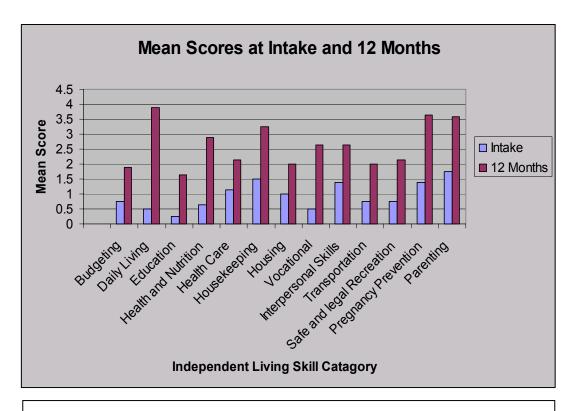
Youthnet Parent Support Program

Serving teen parents in Skagit County.

<u>Data tool</u>: Youthnet's Independent Living Skills Assessment, which was administered at intake and twelve months.

Results:

The chart indicates that of those 8 parents who participated for one full year all skill levels increased. The most notable increases were in daily living, health and nutrition, pregnancy prevention, parenting, and vocational. "Why is n so small?" Assessments were not done on clients who received services for three months or less and some clients refused reassessment.



Mean Score Key 0 Not experienced 1 Basic awareness 2 Initial experience 3 Practicing 4 Sustained Experience

Conclusion

WCPCAN is proud to present the outcome results documented in this report. We wish to acknowledge the hard work and commitment of our programs which made this report possible. Additionally, we wish to acknowledge our consultants Organizational Research Services who have played a significant role with each of our programs, providing them the technical assistance required to develop and build their capacities for outcome reporting.

Based on the data presented in this report, most of the community programs funded by WCPCAN have demonstrated a significant improvement in their ability to establish and implement evaluation protocol and report meaningful program outcomes. This systematic incorporation of outcome measurement into daily program activities has allowed many programs to become stronger and more established.

Outcome Measurement Capacity

Representatives of our funded programs report that evaluation efforts have assisted them with program planning and program representatives report that through their ability to collect and monitor program data, they are easily able to identify program strengths and weaknesses and use data for the purposes of continuing to develop and improve programs and services.

The evaluation process for many programs has become a valued, internal measure of quality as well as a way to observe changes in family needs and functioning. Many programs are beginning to look at data over extended periods of time and have begun to observe trends in both their service provision and the populations they are serving. For example, Cocoon House, in looking at a comparison of the percentage of parents that showed an improvement in the indicators for the 03-04 and 02-03 reporting periods noted some interesting facts:

- "Hopefulness in both fiscal years remains steady following Phone (A); a little more than 50% of all parents that utilize Phone (A) feel more hopeful following the intervention. For the parents that utilize the Phone (B), we are seeing 35% this fiscal year and 37% last fiscal year increasing in hopefulness from baseline. What we also noticed this year is approximately 50% of parents actually *start out* at high levels of hopefulness (4 or a 5) and maintain such following the Phone (A) and Phone (B). This means that these parents report high levels of hope at the onset of the Phone (A) call and thereby come into the phone call with this protective factor already in place."
- "Frustration in both fiscal years declined following Phone (A) and Phone (B). We are seeing in fiscal year 03-04 project SAFE making a larger impact in decreasing frustration than in 02-03. 70% of parents following Phone (A) decreased in frustration from baseline and 77% of parents during Phone (B) decreased from baseline in 03-04.(in 02-03 the numbers were 55% and 45% respectively) This data indicates the protective factor of decreasing frustration is significantly impacted by the phone service project SAFE provides. Parents are clearly struggling with their frustration level, more than their level of hopefulness about the teen."

This analysis will clearly shape the program development and lead to more responsive and effective service provision. It is WCPCAN's belief that programs that develop their ability to measure outcomes and use data will not only continue to improve and strengthen, but will be better able to sustain their efforts on behalf of vulnerable children and families long after their direct support from WCPCAN has ended.

Results of Outcome Measurement

Generally, WCPCAN funds smaller community-based programs whose resources allow them to provide high quality services to a limited number of families. As a result, the outcomes reported by WCPCAN's funded programs cannot necessarily be widely applied. However, as indicated above, outcome measurement and programs' effective use of data ensures that services to families are indeed of the highest quality. There is substantial evidence throughout this report of ways in which parents and families have experienced positive changes as a result of program services.

Among those programs whose outcome was to link parents with social supports, the majority of program participants reported being connected to more supports and/or reported that the quality of those connections was improved. Programs that focused on helping parents develop the attitudes and skills necessary to nurture and bond with their young children were able to demonstrate strong improvements among the parents served. Similarly, the majority of parents participating in programs where learning and applying positive discipline and guidance techniques was the focus showed an increase in skills and comfort in using those skills.

These results support WCPCAN's belief that our programs make a significant difference in the lives of vulnerable families, and that these programs contribute to the prevention of child abuse and neglect throughout Washington State. In contrast to the high costs of foster care placements and additional intervention services that are a consequence of child abuse and neglect, the investment in programs that focus on assisting parents and families develop skills, behaviors and resources necessary to prevent abuse and neglect seems a wise investment choice.

For any information regarding this report please contact WCPCAN at 206-464-6151 or at wcpcan@dshs.wa.gov.



This report is available online at www.wcpcan.wa.gov

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